

**State of Washington
Department of Retirement Systems**

PAYMENT ADVICE

Employer Name:
Reporting Group:

Payment Number	Plan	Reporting Period or Invoice Number	Amount
	1		
	1		
	1		
	1		
	1		
	1		
	1		
	1		
	1		
	1		

Plan 1 Total for This Page	\$
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Payment Number	Plan	Reporting Period or Invoice Number	Amount
	2		
	2		
	2		
	2		
	2		
	2		
	2		
	2		
	2		
	2		

Plan 2 Total for This Page	\$
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System Total for This Page	\$
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Mail this form <i>with the payment</i> to: <div style="text-align: center;">Department of Retirement Systems PO Box 9018 Olympia WA 98507-9018</div>	For DRS use only
	DRS Receipt Number: <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 5px;"></div>

Using the Payment Advice Form

General Information

Use this form to report Plan 1 and Plan 2 payments to DRS. Use a separate form for each Reporting Group number. (Use DRS 73302A, revised 12/98 for Plan 3 payments.)

To redistribute a previous payment, use the Credit Redistribution form. (DRS 733021, revised 12/98.)

Electronic fund transfers transmitted through HRISD and CIS are not reported on this form.

If you have any questions about completing this form, please call your account manager.

Completing the Form

Employer Name	Enter your organization's name as shown on your Statement of Account Activity.
Reporting Group	Enter your DRS Reporting Group as shown on your Statement of Account Activity; e.g., 5000. If you have payments for more than one Reporting Group, use a separate form for each.
Payment Number	Enter the number of the check, warrant, journal voucher (JV) or other payment document. A single payment document may be used for more than one invoice number. The payment document number must be listed for each applicable invoice number.
Plan	Retirement System Plan 1 or Plan 2.
Reporting Period or Invoice Number	Enter the invoice number to which you wish to apply the payment. For transmittals, the invoice number is the transmittal reporting period month and year (051998 for May 1998). For invoices, use the unique 8-digit Invoice Number that appears on the invoice.
Amount	Enter the amount being paid against each invoice.
Plan Total and System Total	Enter the plan total and system total on each page. If you use more than one page for a single invoice or payment item number, please total each page separately.

Mailing the Form

Mail this form to the address shown on the front page of this form.

Note: Use this post office box for payments and payment forms only!